

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

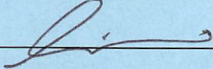
*Name & Address are required

NAME: STEVEN DIEBENOW DATE: 6-6-23

ADDRESS: 1 INDEPENDENT DRIVE SE 1200 PHONE: 904 301 1269

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32202

REPRESENTING: Applicant 2023-213

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-213

I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: MICHAEL SAYLOR DATE: 6-6-2023

ADDRESS: 12581 SAWYER RD. PHONE: 904-635-9940

CITY: JAX COUNTY: DUAL STATE: FL ZIP: 32226

REPRESENTING: SIMPSON, ET AL

SIGNATURE: William J. Saylor I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213

I Support

I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

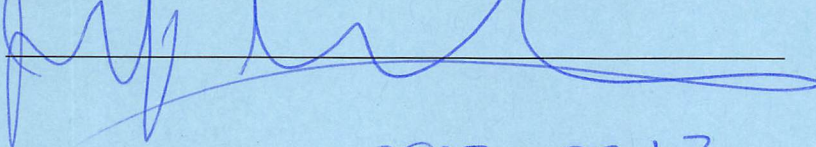
*Name & Address are required

NAME: Jeff Schenbena DATE: June 16 23

ADDRESS: 1431 Riverly Lake Blvd PHONE: _____

#1905
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE:  _____

I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023 - 0213

I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: DeVon Hardy DATE: 6/6/23

ADDRESS: 1431 Riverplace Blvd, #1207 PHONE: 850-896-8949

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: self

SIGNATURE: DeVon Hardy I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213

I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

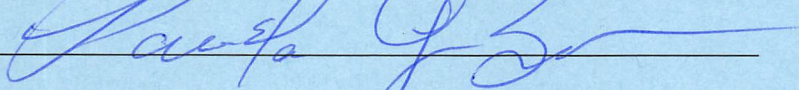
PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Pam Sorenson DATE: 6/6/23
ADDRESS: 1431 Riverplace Blvd PHONE: 904 399-0541
CITY: Jax COUNTY: _____ STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number ORD 2023-0213
 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Andrea Mims DATE: 6-6-23
ADDRESS: 1431 Riverplace #2704 PHONE: 9043166285
CITY: Wax COUNTY: _____ STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE:  _____ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number ~~0213~~ 2133-0213

I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Lauren Cartucci DATE: 6/6/23

ADDRESS: 1551 Alexandria Place N PHONE: 904-318-2461

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: SMPS

SIGNATURE: Lauren Cartucci I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES PER SPEAKER.**
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Liz Figura DATE: 6/6/2023
ADDRESS: 1431 Riverplace Blvd 2903 PHONE: 904.613.3407
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32207
REPRESENTING: Self
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number _____ Re: Southbank storage facility
 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Steve Tunstall DATE: 6/6/23
ADDRESS: 1431 Riverplace Blvd PHONE: 714-7041
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207
REPRESENTING: self
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Montelle Trammell DATE: 6/6/23

ADDRESS: 5165 Rollins Avenue PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: Florida ZIP: 32209

REPRESENTING: _____

SIGNATURE: Montelle A. Trammell I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023 - 0213
 I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Leslie DeLeo DATE: 6/6/2023

ADDRESS: 1431 Riverplace Blvd 2110 PHONE: 904. 422 6034

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: Self

SIGNATURE: Leslie DeLeo

I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number ORD 2023-0213

I Support I Oppose

SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES PER SPEAKER.**
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT


*Name & Address are required

NAME: Chase Sorenson DATE: 6/6/2023

ADDRESS: 1236 Rensselaer Ave. PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: Self

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: SONIA VIVIAN DATE: 6/6/23

ADDRESS: 1431 RIVERPLACE BLVD, #2205 PHONE: _____

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32207

REPRESENTING: SELF

SIGNATURE: Sonia Vivian I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number # 2023 - 0213
 I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

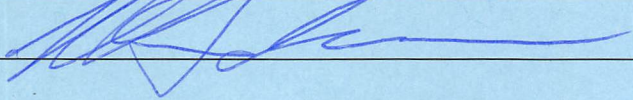
*Name & Address are required

NAME: Stephen M Gahan DATE: 6 Jan 23

ADDRESS: 1431 Riverplace Blvd 2886 PHONE: 904 891 4457

CITY: Jacksonville COUNTY: DUVAL STATE: FL ZIP: 32207

REPRESENTING: Self

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Vicki Tunstall DATE: 6/6/23

ADDRESS: 1431 Riverplace Blvd PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: self

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213

I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

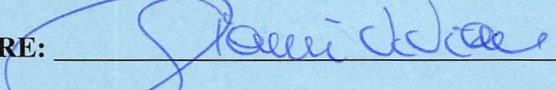
*Name & Address are required

NAME: GIANNI VIDIAN DATE: 6/6/2023

ADDRESS: 1431 RIVERPLACE BLVD 2205 PHONE: 786-314-6226

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number # 2023 - 0213
 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

20130212

NAME: JOHN FRADD DATE: 6/6/23

ADDRESS: 1431 RIVER PLACE PHONE: 752 215 4898

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2013 0212

I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: VICTORIA HURD DATE: 06 JUNE 2023

ADDRESS: 3255 Oak St PHONE: 904.514.7203

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: Self

SIGNATURE: V. Hurd I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Sandra Freed DATE: 6 6 23
ADDRESS: 1451 River Place Blvd PHONE: 904 729 5656
CITY: Jax COUNTY: Dual STATE: FL ZIP: 32207
REPRESENTING: self
SIGNATURE: Sandra Freed I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number 02 13 I Support I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT


*Name & Address are required

NAME: Jonas V. Lee DATE: 6/6/22

ADDRESS: 1019 hendricks ave PHONE: 904 306 0100

CITY: jax COUNTY: Alachua STATE: FL ZIP: 32207

REPRESENTING: bbs restaurant.

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213
 I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Ramon L Day DATE: 6-6-2023

ADDRESS: 154 Forestview Lane PHONE: 904-704-7600

CITY: Ponte Vedra COUNTY: DUVAL STATE: FL ZIP: 3208

REPRESENTING: Atlanta Coast High School School Advisory Council

SIGNATURE: Ramon L Day I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-317 Support

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Wesley Haber DATE: 6/6/23
ADDRESS: 107 W. College Ave, Tall, FL 32303 PHONE: 850-566-3413
CITY: Tallahassee COUNTY: Leon STATE: FL ZIP: 32303
REPRESENTING: Plummet TV
SIGNATURE: Wesley Haber I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Agenda Item 4 2023-0301,
I am counsel for petitioner and only wish to speak if there
are questions.

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)